

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/19/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155241		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/21/2011	
NAME OF PROVIDER OR SUPPLIER FOREST CREEK VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 525 E THOMPSON RD INDIANAPOLIS, IN46227			
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F0000	<p>This visit was for Investigation of Complaint IN00099147.</p> <p>Complaint IN00099147 - Substantiated. Federal/State deficiencies related to the allegations are cited at F166 and F441.</p> <p>Survey date: November 21, 2011</p> <p>Facility number: 000145 Provider number: 155241 AIM number: 100275110</p> <p>Survey team: Mary Jane G. Fischer RN</p> <p>Census bed type: SNF: 22 SNF/NF: 100 Total: 122</p> <p>Census payor type: Medicare: 26 Medicaid: 76 Other: 20 Total: 122</p> <p>Sample: 4 Supplemental sample: 8</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 Plan of Correction be considered the Letter of Credible Allegation and requests a Desk Review in lieu of a Post Survey revisit on or after 12/21/2011.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0166 SS=E	<p>Quality review completed 11/28/11 by Jennie Bartelt, RN.</p> <p>A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.</p> <p>Based on record review and interview, the facility failed to ensure the facility grievance policy was implemented, in that when residents and family members expressed concerns, the facility failed to promptly begin the investigation and/or inform the person of the resolution to the grievance for 2 of 4 residents sampled for grievance/resolution and 5 of 8 supplemental sampled residents.</p> <p>[Residents "A", "D", "E", "G", "H", "I" and "K"].</p> <p>Findings include:</p> <p>1. During interview on 11-21-11 at 9:05 a.m., a concerned family member of Resident "A", indicated frustration due to concerns that were voiced to the Receptionist and the Director of Nursing related to infection control issues found in the resident's room on October 25, 2011. The family member indicated during a</p>	F0166	<p>The Director of Nursing Services was aware of concerns expressed by family member of resident A, and corrective actions were taken to resolve concerns expressed. An administrative note will be recorded on facility grievance form to include actions taken to resolve the concerns as expressed by the family member of Resident A. Actions were taken to resolve the concerns prior to date of survey, which included disciplinary actions for . Documentation will also include follow up and response of family member also included on the grievance form.</p> <p>Documentation of actions taken and follow up will be recorded as an administrative note on grievance forms for residents D,G,I, and K. Facility will review all grievance records for the past 60 days to ensure actions were taken and follow up was made to residents and/or family members. Documentation will be added to grievance records in the</p>	12/21/2011	

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	<p>visit to the resident, linens soiled with bowel movement were found on the over bed table, and a soiled incontinent brief was in the waste can. The family member indicated the nursing staff said the Director of Nurses was "gone for the day." The family member approached the Receptionist and requested the Director of Nurses to telephone [family member] the "first thing" in the morning and went on to tell the Receptionist of the concerns. The family member indicated [family member] waited until 3:00 p.m. on 10-26-11, the following day, and when the Director of Nurses had not telephoned, a subsequent call was made to the facility to speak with her. The family member indicated [family member] spoke with the Director of Nurses at that time, who indicated she would investigate the situation and "get back with [family member]." The family member indicated that as of 11-21-11 a response or follow up had not been received from the Director of Nurses.</p> <p>2. Review of the facility provided "Complaint and Grievance Log," on 11-21-11 at 9:10 a.m., lacked documentation of the concerns expressed by the family member of Resident "A".</p> <p>3. During interview on 11-21-11 at 12:40 p.m., the Director of Nurses indicated she</p>				<p>form of an administrative note of resolution made. Facility will inservice staff on Grievance policy and procedure to ensure appropriate steps are taken and documentation of follow up is recorded on grievance form. Communication to residents and families will be provided regarding grievance process by the Administrator or designee. Social service director or designee will review grievances weekly, to ensure follow up is made to resolve resident concerns. Grievances found without actions or follow up will be forwarded the Administrator for review and appropriate actions. A grievance log will be maintained monthly by Social Services. Social services will review all grievances for grievance resolution monthly for 4 months, then ongoing every other month during Continuous Quality Improvement (CQI) meeting. Monthly CQI meeting includes the Administrator, Director of Nursing, Medical Director, Social Service Director, and other department members. Grievance resolutions will maintain a threshold of 100% or actions will be taken as indicated by CQI committee.</p>		

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	<p>was aware of Resident "A's" family concerns. She indicated, "The family member was very upset regarding the soiled linen on the bedside table and the soiled brief in the waste can. I did speak with [family member] and told [family member] of the actions I would be taking. There were two CNA's in the resident's room. [CNA employee #10] was assigned to the resident and left the soiled linen and soiled brief in the trash can." The Director of Nurses indicated she gave disciplinary action to CNA employee #10 for the infraction, on 10-28-11.</p> <p>The Director of Nurses further indicated that when the family member telephoned, she had not received the "concern" from the Receptionist and was unaware at that time of the issues. The Director of Nurses indicated she checked her mail box later that day, and found a "post-it" note with the information related to the family member's concern. She indicated, "The 'post-it' was written by the front office staff [Receptionist]." During further interview the Director of Nurses indicated that once she was aware of the concerns, she had not filled out a Grievance/Concern form, but was sure she had telephoned the family member later that day. The facility was unable to provide documentation the family member's concerns were documented, and</p>						

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	<p>a resolution provided.</p> <p>During interview on 11-21-11 at 1:10 p.m., Licensed Practical Nurse employee #4 indicated she was aware of Resident "A" family's concern. She indicated, "It happened after hours and [family member] found soiled linen in [resident's] room. The [family member] found a dirty towel and wash rag. The [family member] called the next day and [name of Director of Nurses] didn't know anything about it, but she talked with the [family member]."</p> <p>4. During interview on 11-21-11 at 12:30 p.m., the two Receptionists [employees #6 and #7] indicated they do not fill out grievance forms for family or resident concerns. Receptionist employee #6 indicated she usually gave the cell phone numbers of the Administrator and Director of Nurses to the person making the complaint. Receptionist employee #7 indicated she put a note in the Director of Nurses "mail box."</p> <p>5. Additional interviews on 11-21-11 included the following information from facility staff members in regard to how they handled concerns and grievances by family members or residents:</p> <p>10:30 a.m. - Licensed Practical Nurse</p>						

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	<p>employee #4 - "It depends on what it is. The families don't have to fill out a form, but if they complain or are concerned about something, we fill it out. If it's something we can handle, like missing glasses or laundry, we take care of it. If we can't, we turn it over to [name of Director of Nurses and Administrator]. Social Service usually gets involved."</p> <p>11:00 a.m. - Licensed Practical Nurse employee #8 - "If it's something simple that we can take care of, we don't fill out that form."</p> <p>12:10 p.m. - Executive Director - "Whoever takes the concern, or the department head, they do the follow up with the person making the complaint."</p> <p>12:25 p.m. - Social Service employee #5 - "If I receive the complaint, I write it on a grievance form and follow up with it in morning meeting. If it's a nursing concern, then nursing does the follow up."</p> <p>6. Review of additional "Concern/grievance Forms" lacked information as follows:</p> <p>a.) "11-07-11 [Resident "D"] - "Section I - Nature of the concern: Boot to left foot not being applied at noc [night], resident not toileted - place resident actually on the</p>						

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	<p>toilet - every two hours, not up to attend therapy in a timely manner - this information was given at the care plan meeting and has not been addressed, aggressive therapy is not being performed."</p> <p>"Section II - [completed by the Director of Nurses and dated 11-10-11] "Discussed these concerns with night shift supervisor who will perform random checks to ensure that staff is applying boots. Also discussed that resident is to be offered to toilet q [every] 2 hours - res. [resident] has a history of refusing. Staff is to document refusals. Staff educated in these matters and nurse managers to do follow up."</p> <p>"Section III - [related to follow up] was Blank.</p> <p>"Section IV was signed by the Executive Director but was undated.</p> <p>b.) "09-15-11 [Resident "E"] Section I: Nature of concern: Does not feel as though staff is changing res. enough. Res. said it humiliates [resident] when [resident] has a BM [bowel movement]... ."</p> <p>Sections II [Department Head review], III [Follow up] and IV [Executive Director]</p>						

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	<p>were Blank.</p> <p>c.) "10-12-11 [Resident "G"] Section I: Resident stated [resident] asked [name of nurse] for Valium because needed it and fingers were burning. Stated nurse told resident [resident] didn't need it. Res. upset."</p> <p>"Section II [Review by the Department Head - Director of Nurses] was completed on 10-12-11 by the Unit Manager Licensed Practical Nurse employee #3, as well as Section III on 10-12-11.</p> <p>Section IV - the section for the Executive Director to review for comments/actions/ recommendations were Blank as well as this section lacked the signature and date that the concern was reviewed by the Executive Director.</p> <p>d.) "10-22-11 [Resident "H"] Section I: [name of resident] needs a cushion for wheelchair. The last three times we visited [resident] was without the wheelchair cushion - [resident] sits low in the wheelchair and appears uncomfortable."</p> <p>"Section II: [completed by the Director of Nurses and dated 10-24-11] - Discussed this with therapy who will provide res. with a wheelchair cushion. Staff will</p>						

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	<p>insert the cushion once provided by therapy."</p> <p>"Section III: [Follow up] Blank."</p> <p>e.) "10-24-11 [Resident "I"] Section I: Res. was sent to hosp. [hospital]. [Family member] was left message on cell phone - did not receive the message. [Family member] stated [family member] gave nursing and admissions all 3 of family members phone numbers."</p> <p>"Section II [completed by the Director of Nurses on 10-26-11] Discussed with staff who states she called cell number because it was the primary number. I informed the staff member to attempt to call each number listed when sending a resident out. Nurse educated on making attempt until she can reach family verbally. If and only if every number is called then leave message."</p> <p>"Section III: [Follow up] Blank."</p> <p>f.) "11-08-11 [Resident "K"] Section I: Family has found [resident] lying in BM [bowel movement]."</p> <p>"Section II [completed by the Director of Nurses on 11-10-11] Addressed with Moving Forward staff to check and change res. q2h [every two hours]. Unit</p>						

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	<p>manager and manager assigned to room will perform random checks to assure resident in <sic> clean and dry."</p> <p>"Section III [Follow up]" and "Section IV [review by the Executive Director] were Blank.</p> <p>7. Review of the facility policy on 11-21-11 at 9:20 a.m., titled "Resident Grievances and Concerns," dated as reviewed 01-2006, indicated the following:</p> <p>"POLICY [bold type]: It is the policy of this facility that resident or family grievances/concerns occurring during the resident's stay in the facility shall whenever possible, be responded to by the designated Social Service worker or responsible Department Head closest to the cause of the grievance/concern."</p> <p>"Regardless of which supervisor/department head responds, the Executive Director of his/her authorized representative shall review all complaints. Responses to resident/family shall be made as immediately as possible. Within 48 hours the problem should be resolved and each action documented. It should be noted that if the resident or resident's family continues to express a concern and in their view [bold type], the problem is</p>						

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	<p>not resolved, the Executive Director must be apprised of the situation and the Executive Director must keep the Director of Operations informed."</p> <p>"The concern/grievance must always be handled first, followed by the appropriate reporting and trending's of information."</p> <p>"Responses may be written or verbal, depending on the situation."</p> <p>"PROCEDURE [bold type] Definition: A grievance is any written or verbal concern by a resident, relative or any other representative related to resident care or the quality of services provided. If a grievance/concern of any kind is noted, the Grievance/Concern form is used. The person receiving the concern completes Section I."</p> <p>"The concern/grievance form is then referred to the Department Head for review and actions taken. Actions taken will be recorded in Section II by the Department Head. The signature of the Department Head and date are completed."</p> <p>"The concern/grievance form is then forwarded to the Executive Director. If the Executive Director does not feel that appropriate, sufficient or timely action</p>						

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	<p>was taken, he/she will review the facility-wide implications of the concern/grievance, whether any policies and/or procedures would be revised to prevent similar future occurrence and whether assignment to one of the facility's standing Committees is necessary to facilitate a warranted change."</p> <p>"The Executive Director will then complete Section III of the form."</p> <p>"Responses and appropriate resolutions to all complaints will be made within 72 hours."</p> <p>This federal tag relates to Complaint IN00099147.</p> <p>3.1-7(a)(2)</p>						

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F0441 SS=E	<p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. Based on observation and record review, the facility failed to ensure the proper handling of soiled linens in that when a CNA [employee #9] provided grooming to a dependent resident, the staff member</p>			F0441	CNA # 9 received education on proper handling of linen and supplies for resident care. CNA # 10 received corrective action on proper handling of soiled linens and preventing the spread of		12/21/2011

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	<p>failed to follow the facility policy in regard to the handling of soiled linens during 1 of 1 observation of care for 1 of 4 sampled residents. [Resident "A"]</p> <p>In addition, the nursing staff failed to properly bag soiled linen observed in a communal shower room, for 1 of 3 shower rooms observed. This deficient practice had the potential to affect 36 of 36 residents who used the shower room on the West Hall from the facility population of 122.</p> <p>Findings include:</p> <p>1. The clinical record for Resident "A" was reviewed on 11-21-11 at 10:45 a.m. Diagnoses included, but were not limited to, Parkinson disease, dementia, depressive disorder, hypertension and atrial fibrillation. These diagnoses remained current at the time of the record review.</p> <p>The resident's Minimum Data set Assessment, dated 10-03-11, indicated the resident required extensive assistance with hygiene needs.</p> <p>The current plan of care, dated 10-16-10, indicated the resident had a "self care deficit related to inability to perform independent - diagnosis Parkinson,</p>				<p>infection while providing resident care. The CNA assigned to resident care on the West Hall received corrective action regarding proper handling and storage of soiled linen, where soiled linens were left in the shower room. Housekeeping cleaned the West Shower room floor. Staff Development Coordinator (SDC) or designee will in-service all staff on Policy and Procedure of handling linens and prevention of spreading infection. Housekeeping schedule to clean shower room floors is in place daily, including a deep clean schedule for shower floors weekly. Cleaning supplies are maintained in the facility at all times, so staff have access to supplies in the absence of housekeeping for soilage. Unit Manager or designee will round units daily to ensure shower rooms are kept clean and free of soiled linen. Unit Manager or designee will conduct random observations of staff providing patient care will be conducted to ensure staff are providing care in a manner that prevents the spread of infection. Observations will be conducted 3 times weekly for 30 days, then 2 times bi-weekly for 30 days, then monthly for 2 months, then quarterly. Appropriate actions will be taken as indicated during patient care observation by the Unit Manager or designee. Results of observations and</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155241		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/21/2011	
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	<p>contractures to both hands."</p> <p>During observation on 11-21-11 at 2:00 p.m., the resident was receiving personal hygienic care [shaving] by Certified Nurses Aide [CNA #9], and a soiled incontinent brief was observed in the resident's trash can.</p> <p>During this observation, CNA #10 was also in attendance. Upon entrance to the resident's room, CNA #9, had applied shaving cream to the resident's face. A soiled washcloth was observed on the resident's night stand adjacent to the resident's bed, and the resident's telephone had been placed on the floor under the bed. CNA #9 held a safety razor in the right hand. CNA #10 approached CNA #9, whispered to the CNA, and CNA #9 placed the safety razor in his left hand and picked up the soiled washcloth with his right hand. CNA #10 exited the resident's room. During this observation CNA #9 stood at the resident's bedside until CNA #10 returned, carrying two plastic bags. CNA #9 placed the soiled washcloth into the plastic bag.</p> <p>2. Observation on 11-21-11 at 10:10 a.m. with Unit Manager Licensed Practical Nurse employee #3 in attendance, the shower room on the West Hall was observed. The door to the shower room</p>				<p>rounds will be reviewed by the SDC or designee monthly during CQI meeting. Threshold of 100% for Infection Control standards will be met or appropriate actions will be taken by the CQI committee, which includes the Administrator, Director of Nursing, Medical Director, Staff Development Coordinator, and other department directors.</p>		

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	<p>was open, and soiled linen was observed strewn throughout the shower room. Feces was also observed on the floor.</p> <p>3. Review of the facility policy on 11-21-11 at 2:40 p.m., titled "Standard Precaution Usage Guidelines," undated, indicated, "Linens and Laundry - Proper bagging and closing to prevent the transfer/spread of possible organisms."</p> <p>This federal tag relates to Complaint IN00099147.</p> <p>3.1-19(g)(1)</p>						